

Entered - 08/28/00 - sb
CL00L0496 - DIANNE C. MITCHELL

CLAIM OF: DELOIS R. JACKSON
828 Delmar Court, SE
Atlanta, Georgia 30316

00- R -1593

For damages alleged to have been sustained as a result of a sewer back up
on July 23, 2000 at 828 Delmar Court, SE.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0496

Date: September 20, 2000

Claimant /Victim DELOIS R. JACKSON

BY: (Atty) _____

Address: 828 Delmar Court, SE, Atlanta, Georgia 30316

Subrogation: _____ Claim for Property damage \$ 3,592.56 Bodily Injury \$ _____

Date of Notice: 08/03/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 07/23/00 Place: 828 Delmar Court, SE

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges her property was damaged due to a sewer back up. The investigation determined that the City had no knowledge of any problems with the sewer line prior to the incident involving the claimant. The City is immune from liability as set forth in O.C.G.A. §36-33-5.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-20-00

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8-1-00

ENTERED - 8-28-00 - SB
00L0496 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$2,775 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 7/23/00 2. Time of Incident: 1:30pm approximately 3. Police called: Yes No

4. Location of incident (including street address): 828 Delmar Ct., S.E., Atlanta, Ga.

5. Name of your insurance company: State Farm Policy No. 11-KK-6989-S

6. State what and how incident occurred: Severe thunderstorm with heavy rain. Heavy rain caused flooding of basement and backyard. Flooding also caused damage to lawn mower, furnace, and air conditioning units, and hot water tank (unit). Basement requires cleaning.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: (Make) (Year) (Tag Number) (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: (Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Delois R. Jackson (Print Claimant's Name)

828 Delmar Ct. S.E. (Address)

Atlanta, Ga. 30316 (City, State and Zip Code)

404-629-2244 (Work Number) 404-622-5878 (Home Number)

00- -1593